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AUG 0 5 2005 4 3	his form, together wi	••	or <u>Fax</u>	Mail Stop ISSUI Commissioner for P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents ginia 22313-1450		
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MENDELSOHN & ASSOCIATES, P.C. 1500 JOHN F. KENNEDY BLVD., SUITE 405 PHILADELPHIA, PA 19102				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
08/08/2005 HDESTA2 00000059 09848882				Mary E. Caniz (Depositor's name)			
01 FC:1501 02 FC:1504	1400.00 OP 300.00 OP			Mary	4. Canin	(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/848,882	05/04/2001	05/04/2001 Geert Arnout Aw			6-14	8357	
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APPLN. TYPE	SMALL ENTITY	ISSUE FI		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400)	\$300	\$1700	09/06/2005	
EXAMINER		ART UN	IT C	CLASS-SUBCLASS]		
WILLIAMS, I	WILLIAMS, LAWRENCE B 2634			375-262000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
(A) NAME OF ASSIGN	LL	(В	, residence: (CI	LI AUU SIMIE UK CO	UNIKI)		

3. /

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Agere Systems Inc.	Allentown, PA 18109 USA						
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):						
∑ Issue Fee	A check in the amount of the fee(s) is enclosed.						
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0782 (enclose an extra copy of this form).						
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
The Director of the USPTO is requested to apply the Issue Fee and Pub NOTE: The Issue Fee and Publication Fee (if required) will not be acces interest as shown by the records of the United States Patent and Tradem	lication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. pied from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in tark Office.						
Authorized Signature PM Ch	Date 8/3/05						

47,537 Kevin M. Drucker Registration No. Typed or printed name

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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